DATEAU ADDI 10 ATTOM									Application or Docket Number						
	PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2001									10/005,830					
	CLAIMS AS FILED - PART I							SMALL ENTITY							
<b>l</b> r=			(Colum	in 1)	(Col	(Column 2)			TYPE		OB	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			114					RATE		FEE	7	RATE	FEE		
F	OR	NUMBER FILED		NUMBER EXTRA			BASIC FEE 370.00		OR	BASIC FEE					
Ľ	OTAL CHARGE	114 m	114 minus 20=		.04		X\$ 9=	- 1	T	OR	X\$18=	1692			
Щ	DEPENDENT (				8		X42=		7	1_	X84=				
MULTIPLE DEPENDENT CLAIM PI			RESENT						+	#	OR	7042	672		
* If the difference in column 1 is less than zero, enter "0" in column 2										$\coprod$	OR	+280=			
٠,	CLAIMS AS AMENDED - PART II								╌┖	11	OR	TOTAL	3104		
Ł	f.L	nn 2)	(Column 3)	·	SMALL ENTITY			OR	OTHER SMALL						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE		
	Total Independent	• 104	Minus	**//	<u>+</u>	=		X\$ 9=			OR	X\$18=			
₹		ENTATION OF M	Minus ULTIPLE DE	PENDENT	CLAIM	-		X42=		Ĺ	OR	X84=			
	misso		of w	Withdraw		)C.		+140=			OR	+280=			
1	01214	12 H Claims					_ A	TOTA DDIT. FEI			OR ,	TOTAL ADDIT. FEE			
<u></u>	(Column 1) (Column 2) (Column 3)														
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EA USLY	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE		
	Total Independent	• 117	Minus	* /	14	<b>.</b> 8		X\$ 9=			OR	X\$18=			
A		* // ENTATION OF MI	Minus JLTIPLE DEI	PENDENT	CI AIM	* X	Γ	X42=			OR	X84=			
٠	The state of the s								Π		OR	+280=			
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		(Column 1)		(Colum	n 2)	(Column 3)	~L	ANI, FEE			· A	DOIT. FEE			
C		CLAIMS	<u>.</u>	HIGHE	\$1		_	<del>-</del>		-	-				
AMENDMENT (		REMAINING AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA	L	RATE	ADI TION FE	VAL		RATE	ADDI- TIONAL FEE		
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	FIRST PRESE	-		<u> </u>		DA	X84=								
• 11	• If the entry in column 1 is less than the entry in column 2, write "O" in column 3.										DA _	+280=			
	the "Highest Nu the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE IS	ess than	20, enter "20."	ADI	TOTAL DIT, FEE			OR A	TOTAL DIT. FEE			
1	he Highest Num	ber Previously Paid	For (Total or	Independent	t) is the i	s, enter "3." Highest number	found	in the app	propria	te box i	n cotun	nn t.			

FORM PTO-875 (Rev. 8/01)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE